



## Preference Beneficiary's Statement

Minnesota Life Insurance Company, a Securian Financial Group affiliate  
Group Division Claims • P. O. Box 64114 • St. Paul, MN 55164-0114

For claim information call:  
Toll free 1-888-658-0193  
Fax 651-665-7106

**MINNESOTA LIFE**

Legal name of deceased insured (last, first, middle initial)	Date of birth (mo/day/yr)	Date of death (mo/day/yr)
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Other names by which the deceased has been known, if any

**INSTRUCTIONS:** The proceeds of insurance under this policy are payable to the beneficiary named by the insured. If the insured did not name a beneficiary, or if no designated beneficiary survived the insured, then this form is to be completed by the appropriate preference beneficiary as indicated. Submit this form and a certified copy of the death certificate to the Insurance Company. You must sign both signature lines below.

CLAIM NUMBER

Name (last, first, middle initial)	Date of birth (mo/day/yr)	Social Security number
Address (street, city, state, zip)		Daytime telephone number ( )

### CHECK THE APPROPRIATE BOX AND SIGN BELOW

- ☐ I am the surviving lawful wife or husband of the insured.
- ☐ I am a child of the insured. The insured left no surviving lawful wife or husband. The surviving lawful bodily and legally adopted children of the insured are myself and those listed below. Certified letters of guardianship for the estate of the minor child are needed for any minor beneficiaries (each child must complete a Preference Beneficiary's Statement).

List all other lawful bodily and legally adopted children of the insured

- ☐ I am a parent of the insured. The insured left no surviving lawful wife or husband or lawful bodily or legally adopted child. Both parents must complete a Preference Beneficiary's Statement. If one parent is deceased, please give date of death.

List other parent, if any

- ☐ I am a brother or sister of the insured. The insured left no surviving lawful wife or husband, lawful bodily and legally adopted child, or parent. The surviving brothers and sisters are myself and those listed below. (All brothers and sisters must complete a Preference Beneficiary's Statement. If any are deceased, please give the date of death.)

List other brothers and sisters of the insured

- ☐ I am the duly appointed representative of the insured's estate (executor or administrator). The insured left no surviving lawful wife or husband, lawful bodily or legally adopted child, parent, or brother or sister. **A certified copy of the Letters of Administration is attached. Please provide the estate's tax identification number in the social security box.**

Signature <b>X</b>	Date
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**CERTIFICATION** – Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security number or Taxpayer Identification number, **and**
- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, **and**
- (3) I am a U. S. person (including a U. S. resident alien).

**CERTIFICATION INSTRUCTIONS:** You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

#### Certification Notice:

THE IRS REQUIRES US TO OBTAIN CERTIFICATION OF YOUR SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER. WITHOUT THIS INFORMATION, YOU MAY BE SUBJECT TO GOVERNMENT IMPOSED BACKUP WITHHOLDING FOR ANY INTEREST PAID ON THE DEATH BENEFIT.

Signature <b>X</b>	Date
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**NOTICE:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. The commission of insurance fraud may subject such person to criminal and/or civil penalties. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.

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